



Effective: 06/23/2012  
Revised: 02/25/2013

## NEBRASKA PHYSICAL THERAPIST (PT) APPLICATION FOR LICENSURE

**Examination requirements:** All applicants for physical therapist licensure are required to pass:

- The National Physical Therapist Examination (NPTE) with a scaled score that is greater than or equal to 600. (Fixed-date)
- The NELAW Examination with a scaled score that is greater than or equal to 600. (60-day eligibility period)

**Social security number (SSN) is mandatory.** Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue. If you do not have a SSN, your application will be incomplete and cannot be processed for examination(s).

### **Application must be**

- typed or **printed legibly** with black or blue ink only;
- must be signed and dated;
- must be an original application. Faxed applications are not acceptable.

**Official transcript** showing proof of graduation must be mailed to our office directly from your physical therapist education program. Faxed transcripts will not be accepted.

### **Effective June 23, 2012:**

**If you have a license in Another Jurisdiction and have not Practiced Within the Three Years Preceding your Application, you must:**

- Retake and pass the NPTE; and
- Pass the Jurisprudence (NELAW) Examination

**NOTE: If you passed the NPTE within three (3) years of your application for physical therapist licensure to Nebraska, the rule above and below does not apply to you.**

**If you passed the NPTE But is Not Practicing** – applicants who have passed the NPTE more than three years prior to time of application and have never held a license to practice must:

- Retake and pass the NPTE; and
- Pass the Jurisprudence (NELAW) Examination.

**Read the step by step instructions pertaining to the basis of application for a physical therapist license prior to completing your Application requirements. The following pages include:**

### **Page 1 of 2 Instructions for Physical Therapist License by Examination:**

- applicant who has not taken the NPTE or has not successfully passed the NPTE; or
- applicant who has been licensed in another jurisdiction - and has not practiced within three (3) years of application;
- applicant who is unlicensed - and passed the NPTE more than three (3) years of application

### **Page 2 of 2 Instructions for Physical Therapist Licensure Based on A License issued in Another Jurisdiction (State) or Unlicensed Applicant:**

- applicant who is currently practicing or practiced within previous three years of application; or
- applicant who is licensed in another jurisdiction (state) and has not practiced within three (3) years of application – passed the NPTE within three (3) years of application; or
- applicant who is Unlicensed – passed the NPTE within three (3) years of application

### **Pages 1 - 6 Application for Physical Therapist Licensure**

**Attach A** Certification of Credential in Another jurisdiction  
**Attach B** Special Accommodations Request Form

## Instructions page 1 of 2

### Instructions for Physical Therapist License by Examination:

- applicant who has not taken the NPTE or has not successfully passed the NPTE; or
- applicant who has been licensed in another jurisdiction - *and has not practiced within three (3) years of application*; or
- applicant who is unlicensed - *and passed the NPTE more than three (3) years of application*

**Step 1** – Review the Federation of State Boards of Physical Therapy (FSBPT) webpage relating to Fixed-Date-Testing for the National Physical Therapist Examination (NPTE) and determine your test date: <https://www.fsbpt.org/index.asp>

Online payments = Visa or MasterCard only. If you cannot pay by Visa or MasterCard, you can indicate that you will be mailing a check. For further assistance, contact FSBPT Examination Services at (703) 739-9420.

When scheduling for the National Physical Therapist Examination, you must consider the following:

\* In order to be eligible for a specific test date, your official PT graduation date **must be prior to that test date's 'Jurisdiction Approval Deadline'**;

\* Applicants will not be made eligible to sit for the National Physical Therapist Examination (NPTE) until after their official date of graduation from a PT educational program has occurred. Therefore, in choosing a test date, you must have graduated prior to the 'Jurisdiction Approval Deadline date.'; and

\* Applicants will not be made eligible to test if they have not completed the application requirements prior to the FSBPT jurisdiction deadline;

A Register and pay your National Physical Therapist Examination (NPTE) fee of \$370.00 online to FSBPT at the website above.

B Register and pay your Nebraska Jurisprudence (NELAW) exam fee of \$50.00 online to FSBPT at the website above.

**STEP 2** – Submit your **Application for Physical Therapist Licensure** to the Licensure Unit **immediately after** completing step 1 above

A Submit a completed **APPLICATION FOR PHYSICAL THERAPIST LICENSURE** **at least one month prior to graduation** with the following:

- (1) A copy of your proof of age
- (2) Documentation of proof of United States citizenship, lawful presence, and/or immigration status in the United States. (A copy of your driver's license is not proof of citizenship.)
- (3) Appropriate application fee payable to the Licensure Unit. (Refer to Section A of the application for fee amount.)
- (4) If you have been convicted of a misdemeanor or felony, you must submit the following with your application
  - (a) Copy of the court record(s), which includes charges and disposition
  - (b) Written explanation of the events leading to the conviction(s)
  - (c) All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
  - (d) A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.

**Applications with convictions will be held for Board approval.**
- (5) Foreign trained PT applicants must submit additional information. Refer to the PT application, Section E2
  - (a) Foreign trained physical therapy education must be substantially equivalent to an approved education program. Education credentials prepared by ICD, ICA, IERF or FCCPT must be submitted directly to the Licensure Unit by the agencies.
  - (b) Proof of Proficiency in the English Language required.

B Request your Physical Therapist Educational Program submit your **official** transcript directly to our office. Transcripts must show proof of graduation.

### STEP 3 – Review

A Review the FSBPT candidate handbook at: <https://www.fsbpt.org/index.asp>

B Wait for our office to respond to you in writing regarding the status of your Application and then complete any noted incomplete requirements by the deadline given. At this time you will also be mailed the NELAW Study Material CD.

C Decide which Prometric Test Center you would like to test at by viewing the test centers and locations at: <http://www.prometric.com/FSBPT/default.htm>

D **Upon completion/receipt of all requirements listed above (and approval from the Board, if applicable)**, our office will make you eligible to take the NELAW examination and the National Physical Therapist Examination (NPTE) and notify you in writing.

- (1) FSBPT will then send you an "Authorization to Test" (ATT) letter for the NPTE which will include instructions on how to schedule your examination with the Prometric Test Center. Note: At the time you schedule your NPTE with the Prometric Test center, you will be required to pay the test center \$70.60 for the NPTE.
- (2) FSBPT will also send you an "Authorization to Test" (ATT) for the NELAW Examination which will include instructions on how to schedule your examination with the Prometric Test Center. Note: At the time you schedule your NELAW examination with the Prometric Test center, you will be required to pay the test center \$25.00 for the NELAW examination.
  - (a) **NEBRASKA JURISPRUDENCE (NELAW) EXAM STUDY MATERIAL** It is necessary for you to have reviewed the Nebraska Candidate Handbook which includes the Physical Therapy Statutes and Regulations, the Uniform Licensing Law, Statutes Relating to Medical Records and the Regulations Governing Mandatory Reporting for this examination. The Study Material is located on the Physical Therapy website. You will also be sent a Nebraska Candidate Handbook CD upon receipt of your application.

**STEP 4** - Our office will notify you in writing of your examination results once we have received **both** results

\* If you pass both licensure examinations and have met all requirements, your credential will be issued and mailed to you.

\* If you fail the **NPTE**, your application will be denied. You may take the NPTE three (3) times within a 12-month period, therefore you may re-apply for licensure by resubmitting a PT application with application fee and also re-paying your NPTE fee to FSBPT.

\* If you fail the Nebraska Jurisprudence (NE LAW) Exam and pass the NPTE examination, you must re-pay your NE Law exam fee to FSBPT and our office will make you eligible to re-take that examination.

## Instructions page 2 of 2

### Instructions for Physical Therapist Licensure Based on A License issued in Another Jurisdiction (State) or Unlicensed Applicant:

- applicant who is currently practicing or practiced within previous three years of application; or
- applicant who is licensed in another jurisdiction (state) and has not practiced within three (3) years of application – passed the NPTE within three (3) years of application; or
- applicant who is Unlicensed – passed the NPTE within three (3) years of application

**STEP 1** – Transfer your National Physical Therapist Examination (NPTE) to Nebraska and pay your NELAW Examination fee for Nebraska online to the Federation of State Boards of Physical Therapy (FSBPT) website: <https://www.fsbpt.org/index.asp>

Online payments = Visa or MasterCard only. If you cannot pay by Visa or MasterCard, you can indicate that you will be mailing a check. For further assistance, contact FSBPT Examination Services at (703) 739-9420.

A Have the Federation of State Boards of Physical Therapy (FSBPT) transfer your NPTE score to Nebraska. The fee for score transfer in on the FSBPT webpage.

B Register and pay your Nebraska Jurisprudence (NELAW) exam fee of \$50.00 online to FSBPT at the website above.

**STEP 2** – Submit your **Application for Physical Therapist Licensure** to the Licensure Unit **immediately after** completing step 1 above.

A Submit a completed **APPLICATION FOR PHYSICAL THERAPIST LICENSURE** with the following:

- (1) A copy of your proof of age
- (2) Documentation of proof of United States citizenship, lawful presence, and/or immigration status in the United States. (A copy of your driver's license is not proof of citizenship.)
- (3) Appropriate application fee payable to the Licensure Unit. (Refer to Section A of the application for fee amount.)
- (4) If you have been convicted of a misdemeanor or felony, you must submit the following with your application:
  - (a) Official court records, which includes charges and disposition
  - (b) Written explanation of the events leading to the conviction(s)
  - (c) All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
  - (d) A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.

**Applications with convictions will be held for Board approval.**
- (5) Foreign trained PT applicants must submit additional information. Refer to the PT application, Section E2
  - (a) Foreign trained physical therapy education must be substantially equivalent to an approved education program. Education credentials prepared by ICD, ICA, IERF or FCCPT must be submitted directly to the Licensure Unit by the agencies.
  - (b) Proof of Proficiency in the English Language required.

B Verification/Certification from other states. (Attachment A of the Application) Contact all states you list in Section C-4 of your application and have those states send a Certification/Verification of your license(s) to Nebraska. Contact info for other state physical therapy licensing agencies are listed on the Internet at: <https://www.fsbpt.org/LicensingAuthorities/index.asp> **NOTE: For assistance in obtaining verifications from other states, contact Irene Eckman at irene.eckman@nebraska.gov prior to contacting other states.**

C Request your Physical Therapist Educational Program submit your **official** transcript directly to our office. Transcripts must show proof of graduation.

### STEP 3 – Review

A Review the FSBPT Candidate Handbook <https://www.fsbpt.org/index.asp>

B Wait for our office to respond to you in writing regarding the status of your Application and then complete any noted incomplete requirements by the deadline given. At this time you will also be mailed the NELAW Study Material CD.

C Decide which Prometric Test Center you would like to test at by viewing the test centers and locations at: <http://www.prometric.com/FSBPT/default.htm>

D **Upon completion/receipt of all requirements listed above (and approval from the Board, if applicable),** our office will make you eligible to take the NELAW examination and notify you in writing.

- (1) FSBPT will send you an "Authorization to Test" (ATT) for the NELAW Examination which will include instructions on how to schedule your examination with the Prometric Test Center and that you will have a 60-day eligibility period to take this examination. Note: At the time you schedule your NELAW examination with the Prometric Test center, you will be required to pay the test center \$25.00 for the NELAW examination.
  - (a) **NEBRASKA JURISPRUDENCE (NELAW) EXAM STUDY MATERIAL** It is necessary for you to have reviewed the Nebraska Candidate Handbook which includes the Physical Therapy Statutes and Regulations, the Uniform Licensing Law, Statutes Relating to Medical Records and the Regulations Governing Mandatory Reporting for this examination. The Study Material is located on the Physical Therapy website. You will also be sent a Nebraska Candidate Handbook CD upon receipt of your application.

### STEP 4 - Our office will notify you in writing of your examination results

\* If you pass the Nebraska Jurisprudence (NE LAW) examination and have met all PT licensure requirements, your credential will be issued and mailed to you.

\* If you fail the Nebraska Jurisprudence (NE Law) examination, you must re-pay your NE Law exam fee to FSBPT and our office will make you eligible to re-take the examination.

State of Nebraska  
 Department of Health & Human Services  
 Division of Public Health  
 Licensure Unit  
 P.O. Box 94986  
 Lincoln NE 68509-4986

Effective: 06/23/2012  
 Revised: 02/25/2013

(Print or type application and mail to the address on the left)

**Check below the basis for application:**

- ☐ **License by Examination** – Applicants who have not taken or have not successfully passed the NPTE
- ☐ **License in Another Jurisdiction (state) :**
- ☐ Current practice or practice *within* the preceding three (3) years of application
  - ☐ Have not practiced within the three (3) years preceding application - *passed the NPTE within three (3) years of application*
  - ☐ Have not practiced within the three (3) years preceding application - *passed the NPTE more than three years of application*
- ☐ **Unlicensed Applicant:**
- ☐ Passed the NPTE *within three (3) years of application*
  - ☐ Passed the NPTE *more than three (3) years of application*

**APPLICATION FOR PHYSICAL THERAPIST LICENSURE**

**SECTION A: LICENSE FEE**

Determine the year and month in which you are submitting your application. If the year and month falls in the un-shaded area of the chart below, the fee for initial licensure is **\$133.00**. If the month falls in the shaded area, the fee for initial licensure is **\$33.25**. **Make your check payable to "Licensure Unit" and mail it with your application.**

(All Physical Therapist licenses expire November 1<sup>st</sup> of odd-numbered years. If your license is issued within 180 days of the Physical Therapy expiration date of November 1<sup>st</sup> odd-numbered year, the initial licensure fee is prorated.)

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133
Odd	\$133	\$133	\$133	\$133	\$33.25	\$33.25	\$33.25	\$33.25	\$33.25	\$33.25	\$133	\$133

**SECTION B: PERSONAL INFORMATION** (All applicants must complete this section.)

1	Legal Name	Last:	First:		Middle:	
	Maiden Name	Name:	Other names you are known as (AKA):			
2	Mailing Address	Street/Rural Route/PO Box				
		City:	State:	Zip:	Country:	
Additional information requested: (The following information is not displayed on the internet) Submit evidence of age, i.e., driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation. A U.S. birth certificate will satisfy the requirement for proof of age and proof of U.S. citizenship.						
3	Date of Birth (Month/Day/Year)					Age:
	(Submit proof of age of majority: i.e., copy of birth or marriage certificate or driver's license.)					
4	Place of Birth	City/State/Country				
5	Check the Appropriate Box(s)	<input type="checkbox"/> Social Security Number (SSN);				SSN#
		<input type="checkbox"/> Alien Registration Number ("A#"); and/or				A#
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number				I-94#
		If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
6	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)			
	If you provide us with the optional information, it will allow our office to expedite communication if there is problem with your application.					

**THIS BOX IS FOR OFFICIAL USE ONLY**

BACKGROUND CHECK	
BOARD REVIEW	
LICENSE #	

**SECTION C – CONVICTION AND LICENSURE INFORMATION - (All applicants must complete this section)** Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including but not limited to, payment of a civil penalty.

Answer each of the following questions by placing a (✓) in the appropriate Yes or No Box and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation.

1	Have you ever been convicted of a misdemeanor or felony in any jurisdiction? If yes, list all misdemeanor or felony convictions below. (Continue on reverse or use additional sheet if space is inadequate.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%;">Type of Charge/Crime</th> <th style="width: 25%;">Date of Charge/Crime</th> <th style="width: 30%;">Name/Location of Court/Entity Taking Action</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Type of Charge/Crime	Date of Charge/Crime	Name/Location of Court/Entity Taking Action																								
Type of Charge/Crime	Date of Charge/Crime	Name/Location of Court/Entity Taking Action																										
	<p>If you answered YES to the question above, you must submit the following documents with your application:</p> <ul style="list-style-type: none"> <li>• Copy of the court record(s), which includes charges and disposition;</li> <li>• Written explanation of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);</li> <li>• All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;</li> <li>• A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.</li> </ul>																											
2	Have you practiced in Nebraska as a physical therapist prior to licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
	If yes, how many days have you practiced in Nebraska as a physical therapist prior to licensure?	Number of days _____																										
	Name of Business:																											
	Location/Address of Business:																											
	Phone Number of Business:																											
3	Have you previously held a physical therapist license in Nebraska? If yes, you must submit a Physical Therapist Reinstatement Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
	If yes, license number:																											
4	Are you or have you been credentialed to provide health services, health-related services, or environmental services in another jurisdiction (state)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
	List all other state(s) where you have a current or expired credential. (Continue on reverse or use additional sheet if space is inadequate.)																											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">State</th> <th style="width: 35%;">Type of Credential</th> <th style="width: 15%;">License Number</th> <th style="width: 20%;">Date Issued</th> <th style="width: 15%;">Expiration Date</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	State	Type of Credential	License Number	Date Issued	Expiration Date																						
State	Type of Credential	License Number	Date Issued	Expiration Date																								
	You must request a certification of your credential(s) (current or expired) be sent to Nebraska. Submit Attachment A (Certification of Credential in Another Jurisdiction) to the appropriate licensing agencies.																											
5	Has any disciplinary action ever been taken against your credential(s) by a state licensing agency, or is any currently pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
	If yes, fill in the information below:																											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">Action</th> <th style="width: 15%;">Date of Action</th> <th style="width: 15%;">Type of Credential</th> <th style="width: 35%;">Name/Address of State Agency</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Action	Date of Action	Type of Credential	Name/Address of State Agency																							
Action	Date of Action	Type of Credential	Name/Address of State Agency																									
	Submit a copy of the disciplinary action(s), including charges and disposition with this application to our office.																											
6	Have you ever been denied a license or the right to take an examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
	If yes, explain: _____ _____																											

**SECTION D: LICENSE APPLICATION CATEGORY** (All applicants must complete this section)

1	If the Basis for your application for Physical Therapist licensure is: <ul style="list-style-type: none"> <li>• <b>License by Examination;</b></li> <li>• <b>License in Another Jurisdiction (state)</b> – Have not practiced within the three (3) years preceding application - <i>passed the NPTE more than three years of application;</i> or</li> <li>• <b>Unlicensed Applicant</b> - <i>Passed NPTE more than three(3) years prior to application</i></li> </ul> <p>You must register for an NPTE test date and pay your NPTE exam fee of \$370.00 online with the Federation of State Boards of Physical Therapy (FSBPT) for the National Physical Therapist Examination (NPTE). The FSBPT website is:  <a href="https://www.fsbpt.org/index.asp">https://www.fsbpt.org/index.asp</a></p>			
	Are you applying to take the National Physical Therapy Examination (NPTE) through the state of Nebraska?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, which NPTE test date?		____/____/____	
	If you have not taken the NPTE and will be or have applied to another jurisdiction (state) to take the NPTE, fill in the state you applied to for the NPTE and examination date:	State: _____	Date: ____/____/____	
2	Have you taken and passed the National Physical Therapist Examination through another state?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	List date you passed the NPTE and jurisdiction (state):	Date: ____/____/____	Jurisdiction (state): _____	
	If you have taken the National Physical Therapist Examination and passed, request that the Federation of State Boards of Physical Therapy (FSBPT) Transfer Service transfer your NPTE score to Nebraska. FSBPT score transfer via the internet is located at: <a href="https://www.fsbpt.org/index.asp">https://www.fsbpt.org/index.asp</a>			
3	Have you failed the National Physical Therapist Examination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, list the date(s) you have failed the National Physical Therapist Examination	____/____/____	____/____/____	____/____/____
4	All applicants are required to pass the Jurisprudence (NELAW) Examination. Applicants must register online and pay the fee of \$50.00 to the Federation of State Boards of Physical Therapy. <a href="https://www.fsbpt.org/index.asp">https://www.fsbpt.org/index.asp</a>			
	Have you paid your Jurisprudence (NELAW) Examination fee to FSBPT?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do you have a disability that requires any special accommodations for taking the examinations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, an Accommodation Request Form (Attachment C) must be completed and submitted with your application. If no, do not submit the Accommodation Request Form (Attachment C) with your application.			

**SECTION E - EDUCATION** (All applicants must complete this section.)

1	<b>Graduates of an approved Physical Therapist Program:</b> Request submission of your <b>official</b> Physical Therapy transcript (meaning coming directly to our office from the institution under its seal) showing completion of an approved physical therapy program.
	<b>Graduates of a Foreign Trained Physical Therapist Program:</b> Request submission of your official Physical Therapy transcript (official meaning coming directly to our office from the institution under its seal) showing completion of the physical therapy program. (We will also accept a copy of your official transcript transmitted directly from the education evaluation service you used to evaluate your education: IERF, ICD, ICA or FCCPT.)



2	<b>FOREIGN TRAINED PHYSICAL THERAPISTS:</b> If you have been trained as a physical therapist in a foreign physical therapy school that is not accredited:	
A	An applicant for a license to practice as a physical therapist on the basis of training as a physical therapist in a foreign country must have completed a physical therapy program of professional instruction that is substantially equivalent to an approved educational program. A substantially equivalent program of professional instruction is one that consists of components specified in one of the Federation of State Boards of Physical Therapy (FSBPT) Coursework tools. The appropriate FSBPT Coursework Tool to be used by the credential agency will be determined by the year you graduated from your foreign program of professional instruction. The Coursework Tools are listed on the FSBPT webpage at: <a href="https://www.fsbpt.org/RegulatoryTools/CWT/index.asp">https://www.fsbpt.org/RegulatoryTools/CWT/index.asp</a>	
	Request submission of an evaluation of your education credentials by one of the following approved evaluation services:	
	1 International Education Research Foundation, Inc. Credentials Evaluation Service Post Office Box 3665 Culver City, CA 90231 Phone: 310.258.9451 <a href="http://www.ierf.org/">http://www.ierf.org/</a>	2 International Credentialing Associates, Inc. 7245 Bryan Dairy Road Largo, FL 33777 Phone: (727)549-8555 Email: <a href="mailto:customerservice@icaworld.com">customerservice@icaworld.com</a> <a href="http://www.icaworld.com/applications.html">http://www.icaworld.com/applications.html</a>
	3 International Consultants of Delaware, Inc 3600 Market St Ste 450 Philadelphia PA 19104 (215)222-8454 ext 603 <a href="http://www.icdeval.com">www.icdeval.com</a>	4 Foreign Credentialing Commission on Physical Therapy (FCCPT) 124 West Street South 3 <sup>rd</sup> Floor Alexandria, VA 2231 (703)684-8406 <a href="http://www.fccpt.org/">http://www.fccpt.org/</a>
B	<b>PROFICIENCY IN THE ENGLISH LANGUAGE:</b> Pursuant to 172 NAC 137.01, subsection 2: The following applicants are deemed to be proficient in the English language: graduates of physical therapy programs from Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom and the United States; and Graduates from programs accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).  If you graduated from a physical therapy program that is not deemed to be proficient in the English language, you must provide one of the following (in accordance with the Physical Therapy Regulations, 137-004.01 (2) b):  Provide official documentation showing passage of one of the following examinations administered by Educational Testing Service which measures proficiency in the English language:  (1) Test of English as a Foreign Language (TOEFL), paper pencil format, with a minimum passing score of 560; Test of Written English (TWE), paper pencil format, with a minimum passing score of 4.5; and Test of Spoken English (TSE), paper pencil format with a minimum passing score of 50; or  (2) Internet Based English Language Proficiency Test, TOEFL iBT with the minimum passing scores as follows:  Reading Comprehension   21 Listening Comprehension   18 Writing Comprehension   24 Speaking Comprehension   26 Total score 89; or  (3) Provide the official U.S. Citizenship and Immigration Services' Health Care Worker Certification issued no more than five years immediately preceding the date of the application	
<b>SECTION F: PHYSICAL THERAPIST EDUCATIONAL PROGRAM INFORMATION</b> (All applicants must complete this section.)		
Name of Physical Therapy College or University		
Address		
Physical Therapy Degree Awarded		
Date Degree Awarded (month/day/year)		

**SECTION G: LICENSE ISSUED ON BASIS OF A LICENSE IN ANOTHER JURISDICTION (STATE) – all applicants with an active, inactive or expired license in another jurisdiction (state) must fill out this section.**

1	Name of Agency Issuing License: _____			
	Address: _____	Street/PO/Route: _____		
		City: _____	State: _____	Zip: _____
2	Date Issued: _____			
3	Name of Written Examination: _____			
4	<b>A License in another jurisdiction (state) current practice or practice within the preceding three (3) years of application</b>			
	4A(1)	Are you currently practicing or have you practiced in another jurisdiction (state) as a physical therapist within the preceding three (3) years of your application to Nebraska?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide the name of the facility, address and dates you are actively engaged in the practice of physical therapy. (Use an additional sheet if space is inadequate.)			
		Name of Facility	Address	Start Date    End Date
	<b>B License in another jurisdiction (state) – have not practiced within three years of your application</b>			
	4B(1)	Are you or have you practiced in another jurisdiction (state) within three years of your application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide the date you passed the National Physical Therapist Examination (NPTE) with a scaled score that is greater than or equal to 600.		NPTE Examination Date	_____
	If you passed the NPTE within three (3) years of your application to Nebraska, have FSBPT transfer your NPTE score report.			
	If you passed the NPTE more than three (3) of your application to Nebraska, you must re-take and pass the NPTE.			

**SECTION H: UNLICENSED APPLICANTS – All applicants who have never held a license in another jurisdiction (state) must fill out this section.**

1	A	Did you pass the National Physical Therapist Examination (NPTE) with a scaled score that is greater than or equal to 600 <b>within</b> three (3) years of your application to Nebraska?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B	Did you pass the National Physical Therapist Examination (NPTE) with a scaled score that is greater than or equal to 600 <b>more than</b> three (3) years of your application to Nebraska?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C	Provide the date you passed the National Physical Therapist Examination (NPTE) with a scaled score that is greater than or equal to 600.	NPTE Examination Date _____
		If you passed the NPTE <b>within three (3) years</b> of your application to Nebraska, have FSBPT transfer your NPTE score report.	
		If you passed the NPTE <b>more than three (3) years</b> of your application to Nebraska, you must re-take and pass the NPTE.	

**SECTION I: ATTESTATION – All applicants must complete this section.**

For the purpose of complying with Neb. Rev. Stat. §§ 38-129, I attest as follows:

**Please check the appropriate box below:**

- ☐ I am a citizen of the United States; or  
☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act.; or  
☐ I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act

**Application Attestation:** I further attest that:

- I have read the application or have had the application read to me;
- All statements on the application are true and complete;
- I am of good character; and
- I have not committed any act that would be grounds for denial under 38-178 and/or 38-179. If you have committed any act(s), you must provide an explanation of all such act(s).

**SEE NOTE BELOW FOR INFORMATION ON DOCUMENTATION THAT MUST BE SUBMITTED.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NOTE:** The applicant must submit the following documentation:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit a certification of your credential;
3. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
4. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit the following with your application:
  - (a) Official court records, which includes charges and disposition
  - (b) Written explanation of the events leading to the conviction(s)
  - (c) All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
  - (d) A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.
5. Citizenship, lawfully admitted/present information: You must submit a copy of at least one of the following documents with your application

Any of the following documents provide proof of United States Citizenship:

- (1) A U.S. Passport (unexpired or expired);
- (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
- (3) An American Indian Card (I-872);
- (4) A Certificate of Naturalization (N-550 or N-570);
- (5) A Certificate of Citizenship (N-560 or N-561);
- (6) Certification of Report of Birth (DS-1350);
- (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- (8) Certification of Birth Abroad (FS-545 or DS-1350);
- (9) A United States Citizen Identification Card (I-197 or I-179);
- (10) A Northern Mariana Card (I-873)

Any of the following documents provide proof of lawfully admitted/present in the United States:

- (1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card"); or
- (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
- (3) A Form I-94 (Arrival-Departure Record);

6. Education: An official college/university transcript;
7. Fee: The required fee.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
LICENSURE UNIT  
PHYSICAL THERAPY

**CERTIFICATION OF CREDENTIAL  
IN ANOTHER JURISDICTION**

**All applicants applying for a Nebraska Physical Therapist credential who are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s) (state), must have those jurisdiction(s) complete and submit this form and mail it directly to our office.**

<b>SECTION A – This section must be completed</b>					
Applicant's Name:					
Credential Type:		Credential Number:		Credential Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other _____
Date of Issue:				Date of Expiration:	
<b>SECTION B – This section must be completed only if it is a certification of a Physical Therapist Credential.</b>					
Credential was issued on the basis of:					
<input type="checkbox"/> National Physical Therapist Examination (NPTE)      Date of Examination: _____ Score: _____ <input type="checkbox"/> State Examination      Date of Examination: _____ Score: _____ <input type="checkbox"/> Other. Please explain: _____					
Graduation from an accredited Physical Therapist Program:					
Name of Physical Therapy School: _____					
Degree: _____ Date of graduation: _____					
<b>SECTION C – This section must be completed</b>					
Based on the records of this Department, the applicant's credential:					
<input type="checkbox"/> Is in good standing. <input type="checkbox"/> Has been disciplined. Please explain any disciplinary action: _____ Submit supporting document of disciplinary action.					
Does the applicant have any pending complaints?					
<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please explain: _____ _____					
<b>SECTION D – This section must be completed</b>					
SIGNATURE:			<b>AGENCY SEAL</b>		
DATE:					
NAME (PRINT)					
TITLE:					
LICENSING AGENCY NAME AND ADDRESS:					

**RETURN THIS FORM TO:**  
**LICENSURE UNIT**  
**ATTN: PHYSICAL THERAPY**  
**P.O. BOX 94986**  
**LINCOLN, NE 68509-4986**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Public Health  
Licensure Unit  
ATTN: Physical Therapy  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986

**Special Accommodations Request Form**

<b>Section I – Applicant Information</b>			
<b>Applicant Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>ADDRESS</b>	<b>Street/PO/Route:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone #:</b>		<b>Alternate Phone #:</b>	<b>Email Address:</b>
<b>Date of Birth:</b> ____/____/____ Month/ Day / Year		<b>Gender:</b> _____ Male _____ Female	
<b>Section II – Information about Your Disability and Requested Accommodations</b>			
<b>Describe the nature of your disability? <i>Please indicate the specific diagnosis.</i></b> _____ _____ _____ _____			
<b>When was your disability first diagnosed?</b> _____			
<b>How does your disability affect your daily life?</b> _____ _____ _____ _____ _____			
<b>How does your disability affect your ability to take the examination?</b> _____ _____ _____ _____			

**What accommodations are you requesting during the examination?**

- ☐ Additional Time – Time and a half  
☐ Additional Time – Double Time  
☐ Zoom Text (software that enlarges the print on the computer screen)  
☐ Screen magnifier  
☐ Reader  
☐ Individual who enters the examinee's responses  
☐ Separate Room  
☐ Other (Non-Standard) – Please Describe
- \_\_\_\_\_
- \_\_\_\_\_

**What accommodations have you received in the past for the following exams?**

National Physical Therapy Exam \_\_\_\_\_

PT/PTA School Exams \_\_\_\_\_

Undergraduate College Exams \_\_\_\_\_

Standardized Exams (e.g., SAT, GRE, etc.) \_\_\_\_\_

**Section III - Documentation Requirements**

A comprehensive and current report (no more than three years old) from a professional qualified for evaluating your disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation.
- A diagnosis of the disability pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD), the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
- Recommendation for specific accommodations.
- Rationale for requesting specific accommodations.

**Section IV – Candidate Affirmation**

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Division of Public Health**  
**Licensure Unit**  
**P.O. Box 94986**  
**Lincoln, Nebraska 68509-4986**  
**ATTN: Physical Therapy**

**Professional Documentation of Disability Form**

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist, etc.) to certify that your disabling condition requires the requested test accommodation.

<b>Section I – Applicant Information</b>				
<b>Applicant Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>ADDRESS</b>	<b>Street/PO/Route:</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Date of Birth:</b> ____/____/____ <b>Month / Day / Year</b>		<b>SSN:</b>		
Exam Type: <input type="checkbox"/> Physical Therapist (PT) Exam <input type="checkbox"/> Physical Therapist Assistant (PTA) Exam				
<b>Section II – About the Exam</b>				
<i>The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at a testing center. Minimal computer skills are required.</i>				
<b>Standard testing conditions:</b>				
<b>Exam</b>	<b>Number of Questions</b>	<b>Time Allowed</b>	<b>Scheduled Break</b>	<b>Unscheduled Breaks</b>
<b>PT</b>	250 (delivered in 5 sections of 50 questions each)	5 hours	15 minute break after Section 2	Breaks can be taken after sections 1, 3, and 4; however, the exam timer will continue to elapse
<b>PTA</b>	200 (delivered in 4 sections of 50 questions each)	4 hours	15 minute break after Section 2	Breaks can be taken after sections 1 and 3; however, the exam timer will continue to elapse

**Section III – Professional Contact and Background Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing. You may also attach your CV to show this information.

\_\_\_\_\_  
\_\_\_\_\_**Section IV – Disability and Requested Accommodations**

1. Describe the diagnosed disability and date of diagnosis. Attach all written evaluations supporting the diagnosis, including the scores and interpretive data for all administered diagnostic tests.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date of your last consultation with the candidate \_\_\_\_\_

3. Please describe: (1) the nature, history, and extent of the disability; (2) how it limits one or more of the candidate's major life activities; (3) if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What effect does the disability have on the candidate's ability to perform on the test as described above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



5. What are your specific recommendations for accommodations for this candidate? **Please include an explanation of why these accommodations are required.**

- ☐ Additional Time – Time and a half
- ☐ Additional Time – Double Time
- ☐ Zoom Text (software that enlarges the print on the computer screen)
- ☐ Screen magnifier
- ☐ Reader
- ☐ Individual who enters the examinee's responses
- ☐ Separate Room
- ☐ Other (Non-Standard) – Please Describe

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I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of accommodations requested are based on my professional judgment. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

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Signature

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Date

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Name (Printed)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Division of Public Health**  
**Licensure Unit**  
**P.O. Box 94986**  
**Lincoln, Nebraska 68509-4986**  
**ATTN: Physical Therapy**

*The following sections are to be completed by the person responsible for disability services at your Physical Therapist/Physical Therapist Assistant Program.*

**School ADA Accommodation History Form**

<b>Section I – Applicant Information</b>			
<b>Applicant Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>ADDRESS</b>	<b>Street/PO/Route:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date of Birth:</b> _____/_____/_____ <b>Month / Day / Year</b>		<b>SSN:</b> _____	<b>Phone:</b> _____
<b>Section II – School Contact Information</b>			
Name: _____ Title: _____			
School Name and Address: _____ _____			
Phone: _____ Fax: _____ Email: _____			
<b>Section III – Disability and Accommodations History</b>			
1. Specify the type of disability for which the candidate received accommodations (e.g., visual, learning/cognitive, psychological, etc.) _____ _____ _____			

2. What accommodations were provided to this candidate while he or she was a student at your institution? (Check all that apply.)

- ☐ Additional Time – Time and a half
- ☐ Additional Time – Double Time
- ☐ Zoom Text (software that enlarges the print on the computer screen)
- ☐ Screen magnifier
- ☐ Reader
- ☐ Individual who enters the examinee's responses
- ☐ Separate Room
- ☐ Other (Non-Standard) – Please Describe

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I certify that the information provided by me on this form is true and correct to the best of my knowledge.  
I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

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Signature

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Date

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Name (Printed)